

Lamar County Volunteer Fire Service

AN EQUAL OPPORTUNITY EMPLOYER EMPLOYMENT APPLICATION

LAMAR COUNTY AND LAMAR COUNTY VOLUNTEER FIRE DEPARTMENTS ARE EQUAL OPPORTUNITY EMPLOYERS AND DO NOT DISCRIMINATE IN HIRING , EMPLOYMENT OR MEMBERSHIP IN VOLUNTEER DEPARTMENTS ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, MARITAL STATUS, OR VETERAN STATUS.

Volunteers of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the Fire Department officials. Each volunteer is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

INSTRUCTIONS:

PLEASE FURNISH COMPLETE AND ACCURATE INFORMATION. APPLICATIONS WILL BE VERIFIED. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. BE SURE TO SIGN THE APPLICATION. IN ADDITION TO COMPLETING THIS FORM, YOU MAY ATTACH A RESUME DETAILING YOUR PROFESSIONAL AND EDUCATIONAL BACKGROUND.

VOLUNTEER FIREFIGHTER APPLICATION

Please Check

- ☐ Northeast Lamar VFD
- ☐ Oak Grove VFD
- ☐ Central Lamar VFD
- ☐ Sumrall VFD
- ☐ Oloh VFD
- ☐ Hickory Grove VFD
- ☐ Pine Ridge VFD
- ☐ Southwest Lamar VFD
- ☐ Purvis VFD
- ☐ Southeast Lamar VFD
- ☐ Lumberton VFD
- ☐ Rock Hill VFD
- ☐ Beaver Lake VFD

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY #

ADDRESS: _____
(NUMBER) (STREET) (APT)

HOME TELEPHONE #

(CITY) (STATE) (ZIP)

WORK TELEPHONE #

Cell #

OTHER NAME(S) UNDER WHICH YOU ATTENDED SCHOOL OR WERE EMPLOYED:

AGE: ARE YOU OVER 21? Yes _____ No _____

HAVE YOU EVER BEEN EMPLOYED BY LAMAR COUNTY? _____
WHEN? _____ WHERE? _____
HOW LONG? _____ REASON FOR LEAVING _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE COUNTY? YES _____ NO _____
IF YES, PLEASE LIST _____

NOTE: FIRE FIRGHTER APPLICANTS MUST HAVE AND MAINTAIN A GOOD DRIVING RECORD.
PLEASE COMPLETE THE FOLLOWING:

DO YOU POSSESS A VALID MISSISSIPPI DRIVER'S LICENSE? YES _____ NO _____

MISSISSIPPI DRIVER'S LICENSE NUMBER: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCITONS AS SPECIFIED IN THE JOB DESCRIPTION FOR THE POSITION YOU ARE APPLYING FOR? YES _____ NO _____ IF NO, PLEASE EXPLAIN. _____

NOTE: RESPONSES TO THESE QUESTION WILL BE VERIFIED, THIS POSITION REQUIRES A CRIMINAL RECORDS CHECK THROUGH THE FBI AND OTHER SOURCES. CONVICTION OF A CRIME WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC CHARGES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES _____ NO _____.\ IF YES, EXPLAIN FULLY, INCLUDING DATES, NATURE OF THE OFFENSE AND DISPOSITION
Attach addition sheets if needed.

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION?
YES _____ NO _____ IF YES, PLEASE EXPLAIN. _____

ARE YOU A UNITED STATES CITIZEN, OR, IF NOT, DO YOU HAVE A LEGAL RIGHT TO REMAIN PERMANENTLY IN THE U. S.? YES _____ NO _____

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, WHEN WILL YOU BE AVAILABLE To Volunteer? _____

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? _____
IF YES, LIST WHAT BRANCH AND WHERE YOU WERE STATIONED _____

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? _____
IF YES, LIST WHICH AND WHERE _____

DATES OF DUTY: FROM _____ TO _____
TYPE OF DISCHARGE _____
RANK AT DISCHARGE _____ PRESENT RANK _____

ARE YOU NOW DEPENDENT UPON OR A HABITUAL USER OF ANY ADDICTIVE OR HALLUCINOGENIC DRUGS INCLUDING, BUT NOT LIMITED TO, AMPHETAMINES, BARBITURATES, HEROIN, MORPHINE, COCAINE, Mescaline, LSD, STP, HASHISH, MARIJUANA, AND METHADONE OTHER THAN FOR MEDICAL TREATMENT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN? YES _____ NO _____
_____ IF YES, PLEASE EXPLAIN FULLY.

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	CITY/STATE	GRADUATE YES/NO	IF NOT, LAST GRADE	DEGREE/ CREDIT
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

PLEASE LIST ANY HONORS, AWARDS OR SPECIAL ACTIVITES WHILE IN SCHOOL: _____

EMPLOYMENT BACKGROUND

OTHER INFORMATION

WHY ARE YOU INTERESTED IN EMPLOYMENT WITH LAMAR COUNTY BEING ASSIGNED TO A VOLUNTEER FIRE DEPARTMENT?

WHAT DO YOU FEEL TO BE YOUR GREATEST QUALIFICATION?

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THIS PORTION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME
LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT.

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

PAST RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.
FROM TO ADDRESS

REFERENCES (NO RELATIVES)

NAME _____ RELATIONSHIP _____
ADDRESS _____ DAYTIME PHONE # _____

NAME _____	RELATIONSHIP _____
ADDRESS _____	DAYTIME PHONE # _____
NAME _____	RELATIONSHIP _____
ADDRESS _____	DAYTIME PHONE # _____

In the event of an emergency contact:

Name _____
Relationship _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S) **YES** ____ **NO** ____
MY PAST EMPLOYERS: **YES** ____ **NO** ____

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of membership are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

I understand Lamar County Volunteer Fire Departments are drug free workplaces. Prior to membership I must submit to a drug test and if I am allowed to join, I understand that I may be subject to drug testing in the future, including random testing, pursuant to policies of Lamar County.

I certify that the information I have provided on this application is accurate and complete. I understand that if I become a member,, false statements on this application shall be considered sufficient cause for dismissal.

I understand the acceptance of this application by the department neither expresses nor implies I will be offered membership. I understand my membership is at will and I may resign at any time for any reason; similarly, my membership may be terminated by the fire department at any time for any reason. Any changes to this at-will membership agreement will not be valid unless in writing signed by me and a duly authorized representative of this fire department.

DATE

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE
FOR LAMAR COUNTY FIRE SERVICES USE ONLY

DATE APPLICATION RECEIVED _____
REVIEWED: APPLICATION ACCEPTED _____
APPLICATION REJECTED _____ STATE REASON(S) _____
